

# Tomoka Pines Veterinary Hospital

## WELCOME TO OUR PRACTICE!

OWNER'S NAME: \_\_\_\_\_ SPOUSE/OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

SPOUSE/OTHER CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please provide us with your e-mail address so we may send you important health information, reminders and give you access to your pet portal. We will keep your e-mail private.

HOW DID YOU HEAR ABOUT US?  Yellow Pages  Sign  Recommendation  Internet

IF RECOMMENDED, WHO CAN WE THANK? \_\_\_\_\_

• I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize the veterinarians at Tomoka Pines Veterinary Hospital to examine, prescribe for, treat, and/or perform surgery on the pet(s) in my care. Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatment to ensure proper medical care. I agree to pay for all services rendered at the time the pet is discharged from the hospital (or service is otherwise terminated) and medications, goods, and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment.

• I agree to pay fees for services rendered at the time the pet is discharged from the hospital or service is otherwise terminated. I further understand that any unpaid balance is subject to a 1-1.5% monthly or 18% annual interest charge. I agree to reimburse you the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorney's fees, we incur in such collection efforts.

### ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

- I give Tomoka Pines Veterinary Hospital permission to use images of my pet for promotion of their website and/or facebook page. \_\_\_\_\_ Yes \_\_\_\_\_ No

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Method of Payment:  Cash  Check  Credit/Debit Card \*

\*We accept Visa, MasterCard, American Express and Care Credit

Driver's License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Date of Birth: \_\_\_\_\_